



**MOCK ELECTION 2002**  
**California National Student / Parent Mock Election**  
**SCHOOL DISTRICT / SCHOOL ENROLLMENT FORM**

Name of School District/School: \_\_\_\_\_

Name of Superintendent/Principal: \_\_\_\_\_

Address of School District/School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Mock Election Coordinator: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of Schools Participating (District): \_\_\_\_\_

List of Schools Participating (District):  
(Use reverse side or another sheet of paper if necessary)

Anticipated Number of Participants:

Teachers: \_\_\_\_\_

Students: \_\_\_\_\_

Participating Grade Levels (circle all that apply):

1    2    3    4    5    6    7    8    9    10    11    12

County: \_\_\_\_\_

**Return to:**  
**Secretary of State, Elections Division**  
**1500 11th Street, 5th Floor ■ Sacramento, CA 95814**  
**tel. 916.657.2166 ■ fax. 916.653.3214**